

# Agenda USA

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OCT 21 AM 11:28

## Political Action Committee

October 3, 2016

Mr. Kevin Fortkiewicz  
Federal Election Commission  
999 E street, NW  
Washington, DC 20463

RE: Submission of FORM 3x For Period Ending October 15, 2016.

**Committee ID Number: C00580936**

Dear Mr. Fortkiewicz:

First of all, Thank You for speaking with our committee back in November 2015- concerning questions we had regarding our filing. As you mentioned, some committees ( **like ours** ) with little or no activity would only need to complete the first few pages of the Form 3x.

However, *out of respect for the process*, I went ahead and did the entire form with the vast majority of responses being not-applicable. We decided **to err on the side of caution by submitting ALL pages.**

We have done NO fundraising except for the one contribution required to open our committees bank account. The contribution was \$ 100 which minus the banks 'processing fee' left a balance of \$ 83.45.

Post Office Box 3193 LaVale, MD 21504

<http://www.agendausa.org>



email: [director@agendausa.org](mailto:director@agendausa.org)

Paid for by Agenda USA and not authorized by any candidate or candidate's committee

2016-10-21-03-00111514

Additionally we have conducted NO further fundraising at present due the fact that I am presently caring for an elderly relative with a long term illness that requires my full attention. I am sure you can understand my current situation.

So, in sum we have one contribution, NO Loans, Lines of Credit, Disbursements, Debts, Obligations, Allocation Rations, Levin Funds or other functions to report.

We do hope to be able to resume fundraising once we get closer to the actual election...but to date have NOT done so.

Thank you for your kind consideration and as I mentioned to you when we spoke, any mistakes we might have made on the form were purely unintentional due to inexperience with the process.

Respectfully,



Diane Kline

AgendaUSA

PO Box 3193

Lavale, MD 21504

Committee email – [director@agendausa.org](mailto:director@agendausa.org)

FEC  
FORM 3X

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 OCT 21 AM 11:28

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

AgendaUSA

ADDRESS (number and street)

Post Office Box 3193

Check if different  
than previously  
reported. (ACC)

Lavale

MD 21504

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00580936

3. IS THIS  
REPORT

NEW  
(N) OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

Primary (12P)

General (12G)

Runoff (12R)

PRE-Election

Report for the:

Convention (12C)

Special (12S)

Election on

M A M D D Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M A M D D Y Y Y Y

in the  
State of

5. Covering Period

12-31-15

through

10-15-16

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DIANE L KLINE

Signature of Treasurer

Diane L. Kline

Date

10-3-16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AgendaUSA

Report Covering the Period:

From:

12-31-15

To:

10-15-16

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1, 83.45

83.45

(b) Cash on Hand at  
Beginning of Reporting Period.....

83.45

(c) Total Receipts (from Line 19) .....

83.45

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

83.45

7. Total Disbursements (from Line 31).....

0

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

83.45

83.45

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page **3**

Write or Type Committee Name

*AgendaUSA*

Report Covering the Period:

From:

*12-31-15*

To:

*10-15-16*

I. Receipts	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
11. Contributions (other than loans) From:						
(a) Individuals/Persons Other						
Than Political Committees						
(i) Itemized (use Schedule A).....	0	0	0	0	0	0
(ii) Unitemized .....	0	0	0	0	0	0
(iii) TOTAL (add						
Lines 11(a)(i) and (ii).....▶	0	0	0	0	0	0
(b) Political Party Committees .....	0	0	0	0	0	0
(c) Other Political Committees						
(such as PACs).....	0	0	0	0	0	0
(d) Total Contributions (add Lines						
11(a)(iii), (b), and (c)) (Carry						
Totals to Line 33, page 5).....▶	0	0	0	0	0	0
12. Transfers From Affiliated/Other						
Party Committees.....	0	0	0	0	0	0
13. All Loans Received .....	0	0	0	0	0	0
14. Loan Repayments Received.....	0	0	0	0	0	0
15. Offsets To Operating Expenditures						
(Refunds, Rebates, etc.)						
(Carry Totals to Line 37, page 5).....	0	0	0	0	0	0
16. Refunds of Contributions Made						
to Federal Candidates and Other						
Political Committees.....	0	0	0	0	0	0
17. Other Federal Receipts						
(Dividends, Interest, etc.).....	0	0	0	0	0	0
18. Transfers from Non-Federal and Levin Funds						
(a) Non-Federal Account						
(from Schedule H3).....	0	0	0	0	0	0
(b) Levin Funds (from Schedule H5).....	0	0	0	0	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0	0	0	0	0
19. Total Receipts (add Lines 11(d),						
12, 13, 14, 15, 16, 17, and 18(c)).....▶	0	0	0	0	0	0
20. Total Federal Receipts						
(subtract Line 18(c) from Line 19).....▶	0	0	0	0	0	0

2016-10-21 09:00:11

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	
29. Other Disbursements .....		
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	

2010-10-21 10:00:10

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	,	Ø	"	,	,	"
34. Total Contribution Refunds (from Line 28(d)) .....	,	,	"	,	,	"
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	,	,	"	,	,	"
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	,	,	"	,	,	"
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,	"	,	,	"
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	,	,	"	,	,	"

2010-10-21 00:11:00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Agenda USA*

Full Name (Last, First, Middle Initial)

A. *DAWSON, WILLIAM*

Mailing Address

*22 LANE AVE*

City

*CUMBERLAND*

State

*MD*

Zip Code

*21502*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

*100.00*

Date of Receipt

*9-30-15*

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

B. *N/A*

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. *N/A*

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE      OF	
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
*Agenda USA*

A.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M M D D Y Y Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		M M D D Y Y Y Y	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address		M M D D Y Y Y Y	
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶			
<b>TOTAL</b> This Period (last page this line number only).....▶			

2016-10-10 10:00:00

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

*Agenda USA*

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City      State      ZIP Code

Original Amount of Loan      Cumulative Payment To Date      Balance Outstanding at Close of This Period

**TERMS**

Date Incurred      Date Due      Interest Rate      Secured:  
M M D D Y Y Y Y      M M D D Y Y Y Y      % (apr)      ☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City      State      ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City      State      ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City      State      ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City      State      ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ►

**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

2016-10-21 09:00:11 AM

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>AgendaUSA</i>		FEC IDENTIFICATION NUMBER <i>C 00580936</i>	
LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan \$        ,        ,        .	Interest Rate (APR) %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y		
City                      State    Zip Code	Date Due M M / D D / Y Y Y Y		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw:        ,        ,        .		Total Outstanding Balance:        ,        ,        .	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? \$        ,        ,        .  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? \$        ,        ,        .	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	

2016-10-21 09:00:11 AM

**SCHEDULE D (FEC Form 3X)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/> 9	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
*Agenda USA*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶			
2) TOTALS This Period (last page this line number only)..... ▶			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			

2010-10-10 10:10:10

PAGE	OF
FOR LINE 24 OF FORM 3X	

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">Agenda USA</div>	FEC IDENTIFICATION NUMBER ▼ <div style="font-size: 1.5em; margin-top: 10px;">C 00580936</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <i>N/A</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount \$ , , .	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought \$ , , .		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <i>N/A</i>		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y	
Mailing Address		Amount \$ , , .	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought:	<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	N/A		
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date \_\_\_\_\_

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Agenda USA</i>	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>				Purpose of Expenditure	Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y	
City		State		Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount , , .	
Aggregate General Election Expenditure for this Candidate ▶				, , .	
Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>				Purpose of Expenditure	Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y	
City		State		Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount , , .	
Aggregate General Election Expenditure for this Candidate ▶				, , .	
Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>				Purpose of Expenditure	Category/ Type
Mailing Address				Date M M / D D / Y Y Y Y	
City		State		Zip Code	
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount , , .	
Aggregate General Election Expenditure for this Candidate ▶				, , .	

SUBTOTAL of Expenditures This Page (optional).....▶

, , .

TOTAL This Period (last page this line number only).....▶

, , .

2016-10-21 00:11:00

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

*Agenda USA*

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

*N/A*

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

*N/A*

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....%

Nonfederal.....%

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE

OF

NAME OF COMMITTEE (In Full)

*Agenda USA*

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><i>N/A</i></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		

2010-10-21 09:00:00



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Agenda USA*

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative ..... *N/A*

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

**TOTAL** This Period (Administrative) ..... *N/A*

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities).....

**TOTAL** This Period (Direct Fundraising).....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party).....

**TOTAL** This Period (Total Amount Transferred).....

2016-10-21 09:00-11:00

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE        OF         
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Agenda USA*

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
<i>N/A</i>			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
<i>N/A</i>			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:		
<i>N/A</i>			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address			Allocated Activity or Event Year-To-Date		
City	State	Zip Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Purpose of Disbursement:		Category/ Type	Date		
Activity or Event Identifier:			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE      +      NONFEDERAL SHARE      =      TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE      NONFEDERAL SHARE      TOTAL AMOUNT

2019-10-21 00:00:00

# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)

*Agenda USA*

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

#### ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

#### iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

#### iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

### BREAKDOWN OF THIS TRANSFER

#### i) Voter Registration

VOTER REGISTRATION

Total Amount Transferred for Voter Registration.....

#### ii) Voter ID

VOTER ID

Total Amount Transferred for Voter ID.....

#### iii) GOTV

GOTV

Total Amount Transferred for GOTV .....

#### iv) Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

Total Amount Transferred for Generic Campaign Activity .....

### TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

NOTATION: NO OTHER INFORMATION

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)  
*Agenda USA*

A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>N/A</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement			
Category/Type			

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <i>N/A</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement			
Category/Type			

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <i>N/A</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement			
Category/Type			

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))				
FEDERAL SHARE				TOTAL AMOUNT
<b>TOTAL</b> This Period for the Levin Share				

NOTICE: INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <i>Agenda USA</i>									
NAME OF ACCOUNT									

	COLUMN A TOTAL THIS PERIOD			COLUMN B YEAR-TO-DATE		
<b>1. RECEIPTS FROM PERSONS</b>						
(a) Itemized ..... (Use Schedule L-A)						
(b) Unitemized .....						
(c) Total .....						
<b>2. OTHER RECEIPTS .....</b>						
<b>3. TOTAL RECEIPTS .....</b> (Add Lines 1c and 2)						
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)						
(a) Voter Registration .....						
(b) Voter ID .....						
(c) GOTV .....						
(d) Generic Campaign .....						
(e) Total .....						
<b>5. OTHER DISBURSEMENTS .....</b>						
<b>6. TOTAL DISBURSEMENTS .....</b> (Add Lines 4e and 5)						
<b>7. BEGINNING CASH ON HAND .....</b> (for Column B, use cash as of January 1st)						
<b>8. RECEIPTS .....</b> (from Line 3)						
<b>9. SUBTOTAL .....</b> (Add Lines 7 and 8)						
<b>10. DISBURSEMENTS .....</b> (From Line 6)						
<b>11. ENDING CASH ON HAND .....</b> (Subtract Line 10 From Line 9)						

2010-10-21 09:00:11 AM

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

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NAME OF COMMITTEE (In Full)

*Agenda USA*

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

A.

Mailing Address

*N/A*

City

State

Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

B.

Mailing Address

*N/A*

City

State

Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

C.

Mailing Address

*N/A*

City

State

Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

D.

Mailing Address

*N/A*

City

State

Zip Code

Amount of Each Receipt this Period

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

Occupation

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c	<input type="checkbox"/> 5
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d	

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NAME OF COMMITTEE (In Full)

*Agenda USA*

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) / Full Organization Name

E.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2019-10-21 00:11:10

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MR. KEVIN FORTKIEWICZ  
CAMPAIGN FINANCE ANALYST  
FEDERAL ELECTION COMMISSION  
999 E STREET., NW.  
WASHINGTON, DC 20463

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Federal Election Commission  
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<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 10/3/16
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	10/21/16 DATE PREPARED